

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16793

State File No.

BIRTH NO.		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No. <u>92</u>		
1. PLACE OF DEATH a. COUNTY <u>Peru</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Peru</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Haysi</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthville</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peru Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>125 W 16th St</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>FRENCH</u> c. (Last) <u>BENTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-18-1954</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April-7-1873</u>		
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>11</u>		11. DAYS <u>11</u>		12. UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Engineer</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton Co. Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>James H. Benton</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Matthie B. Benton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>M. P. B. Dean</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatitis & Abscess Liver</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia? 583X</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Apr 27, 1954</u> to <u>May 18, 1954</u> , that I last saw the deceased alive on <u>May 18, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>M. P. B. Dean</u>			23b. ADDRESS <u>Caruthville Mo</u>			23c. DATE SIGNED <u>5/20/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-28-54</u>		REGISTRAR'S SIGNATURE <u>John W. Gorman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. A. Foye</u>				
		406-9		ADDRESS <u>Caruthville Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-121-54

MISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUN 1 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Charles E. Mungy

Licensed Embalmer No. 4877

P. O. Address Caruthersville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.